FORM
DP-10-ES
042

INTEREST AND DIVIDENDS TAX 1999 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

1 .	All interest and dividend income ta	axable by the State			1	-				
,	Less Exemption – check the exem 2(a) Yourself Spouse [2(b) 65 (or over) or disabled Spouse 65 (or over) or dis 2 (c)Total exemptions [Line 2(a) pl	f boxes checked	_ x \$2400 =2(a) _ x \$1200 =2(b)							
3	New Hampshire Taxable Income	[Line 1 less line 2(d	c)]		3	If less than \$200				
4	New Hampshire Interest & Divide	ends Tax (Line 3 m	ultiplied by 5%).		4	see instructions paragraph No. 1.				
1	1998 OVERPAYMENT applied to (If the overpayment exceeds the the next installment and so on) BALANCE OF ESTIMATED INT	-								
6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 less line 5)										
					LINIO					
	Date Paid Ins	unt of each stallment 4 of worksheet)	1998 Overpa Applied Installme	to	Balance Due	CALENDAR YEAR DUE DATES				
1.	\$		S	\$		April 15, 1999				
2.	\$		§	\$		June 15, 1999				
3.	\$		\$	\$		Sept. 15, 1999				
4.	\$		S	\$		Jan. 18, 2000				
IN	MPORTANT:	IN THE SAME SI	EQUENCE AS T PROVISIONS O	THOSE TO BE U F RSA 21-J:32 V	URITY NUMBERS ON ¹ JSED ON THE RETUR WILL APPLY IF THE ES	N.				
_			(Cut a	along this line)						
_	FORM	NEW HAMPSHIRE	DEPARTMENT	OF REVENUE A	ADMINISTRATION					
L	DP-10-ES 042	ESTIMATED	INTEREST AN	ID DIVIDENDS	тах 1999					
	Payment Voucher 1 Calendar Year — Due April 15, 1999	CHECK ONE: INDIVIDUAL/JOINT For CALENDAR YEAR 1999 or other tax year b			PARTNERSHIP 3 nning end	FIDUCIARY 4				
-	P LAST NAME		ST NAME & INITIAL		Mo Day Year SOCIAL SECURITY NUMBER	Mo Day Year				
	R SPOUSE'S LAST NAME	FIR	ST NAME & INITIAL							
N T NAME OF PARTNERSHIP OR FIDUCIARY					SPOUSE'S SOCIAL SECURITY NUMBER					
	O R NUMBER AND STREET									
	Y P E			FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)						
	CITY OR TOWN, STATE AN	ID ZIP CODE								
				Amount of This Payment \$ Make check payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment						
	NH DEPT	IS DIFFERENT FROM REVENUE ADMINIST								
	MAIL Document TO: PO Box 20	t Processing Divisior 035								
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		with this estimate. Do n	ot file a \$0 estimate.						

Concord NH 03302-2035

FORM	7	NEW HAMPSHI	RE DEPARTMENT OF RE	VENUE A	ADMINISTRATION			
DP-10-ES 042	J	ESTIMAT	ED INTEREST AND DIVID	ENDS TA	x 1999			
	nt Voughar 2		(1) INDIVIDUAL/JOINT	□ P ③	ARTNERSHIP	FIDUCIARY (4)		
-	nt Voucher 2 ar — Due June 15, 199	E 041 END 4 D	year 1999 or other tax year		ending	<u> </u>		
	LAST NAME		FIRST NAME & INITIAL		Mo Day Year SOCIAL SECURITY NUMBER	Mo Day Year		
	P R SPOUSE'S LAST NA				_			
	!				SPOUSE'S SOCIAL SECURITY NUMBER			
	NAME OF PARTNERSHIP OR FIDUCIARY							
	NUMBER AND STR	NUMBER AND STREET				FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)		
	CITY OR TOWN, STATE AND ZIP CODE				Amount of This Payment	\$		
	CHECK IE VDI	DRESS IS DIFFERENT		·				
		NH DEPT REVENUE A Document Process		Make check payable to: STATE OF NEW HAMPSHIRE				
		PO Box 2035	sing Division		Enclose, but do not staple or tape, your payment			
ı		Concord, NH 0330	•	with this estimate. Do not file a \$0 estimate.				
			(Cut along this line)		. – – – – – – – – – – – – – – – – – – –			
FORM	_	NEW HAMP	SHIRE DEPARTMENT OF	REVENU	E ADMINISTRATION			
DP-10-ES	_	ESTIM	MATED INTEREST AND D	IVIDEND	sтах 1999			
042		CHECK ON	E: INDIVIDUAL/JOINT			FIDUCIARY		
Payme	nt Voucher 3		1000	3		1 1		
Calendar Yea	ar — Due Sept. 15, 199	9 For CALENDAR	R YEAR 1999 or other tax yo	ear beginni	ngl endir Mo Day Year	Mo Day Year		
	P LAST NAME		FIRST NAME & INITIAL		SOCIAL SECURITY NUMBER			
	R I SPOUSE'S LAST NA	ME	FIRST NAME & INITIAL					
	T NAME OF PARTNERSHIP OR FIDUCIARY				SPOUSE'S SOCIAL SECURITY NUMBER			
	O R NUMBER AND STRE	ET.			EEDEDAL EMPLOYED IDENTIFICATION NUMBER			
	T Y				FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)			
	P E							
	CITY OR TOWN, STATE AND ZIP CODE				Amount of This Payment	\$		
	CHECK IF AD	DRESS IS DIFFERENT		Make check payable to: STATE	·			
		IH DEPT REVENUE A		Enclose, but do not staple or tape, your payment				
	MAIL Document Processing Division TO: PO Box 2035				with this estimate. Do not file a \$0 estimate.			
		Concord, NH 03302	2-2035	•				
			(Cut along this line)					
FORM	7	NEW HAMPSHIF	RE DEPARTMENT OF REV	'ENUE AD	MINISTRATION			
DP-10-ES 042		ESTIMATE	D INTEREST AND DIVIDE	NDS TAX	1999			
		CHECK ON	E: 🔲 INDIVIDUAL/JOINT			CIARY		
	nt Voucher 4 ar — Due Jan. 18, 2000		year 1999 or other tax year	<u>3</u>	(4) anding	. 1 1		
Calendar rea		FOI CALENDAR	<u> </u>	i beginning	Mo Day Year ending	Mo Day Year		
	P LAST NAME		FIRST NAME & INITIAL		SOCIAL SECURITY NUMBER			
	SPOUSE'S LAST NA	ИΕ	FIRST NAME & INITIAL		SPOUSE'S SOCIAL SECURITY N	UMBER		
	NAME OF PARTNERSHIP OR FIDUCIARY							
	NUMBER AND STREET				FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNER SHIP OR FIDUCIARY)			
	 				_			
	Ē				<u> </u>			
	CITY OR TOWN, STA	TE AND ZIP CODE		Amount of This Payment	\$			
CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.					Make check payable to: STA			
	MAIL D	IH DEPT REVENUE A Pocument Processi	Enclose, but do not staple or tape, your payment					
TO: PO Box 2035					with this estimate. Do not file a \$0 estimate.			

Concord, NH 03302-2035